

Request for Extension Application

Iowa Department of Public Health
Bureau of Emergency Medical Services
Lucas State Office Building
321 E 12th St
Des Moines, Iowa 50319
(515) 281-0620 or (800) 728-3367

Section A: Applicant Information

Current Iowa EMS Certification

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Expiration Date

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Last Name

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First Name

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MI

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Home Mailing Address

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City

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State

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Zip Code

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Phone Number

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Section B: Extension Information

- 1) The Request for Extension Application must be submitted at least 7 days prior to the current expiration date but no more than 90 days prior to the expiration date.
- 2) The application must be accompanied by the \$50 extension fee, payable to Iowa Department of Public Health.
- 3) Providers expiring March 31 will be extended to May 15.
- 4) Providers expiring September 30 will be extended to November 14.

Section C: Verification

I understand that by submitting this complete application, I am requesting a 45 day, one time, extension to my emergency medical care provider certification. Prior to the extended expiration date, I must submit a completed Affirmative Renewal Application and any applicable renewal fee. I understand that any continuing education complete during the extension period cannot be used in my next renewal period.

Applicant's Signature

Date